

APPLICATION

TEAM MEMBER INFORMATION

NAME:

BILLING ADDRESS (FOR CREDIT CARD):

STREET:

CITY:

ST:

ZIP:

SHIP TO ADDRESS (IF DIFFERENT):

STREET:

CITY:

ST:

ZIP:

PHONE:

CELL PHONE:

E-MAIL:

BIRTH DATE:

SSN #:

ENROLLMENT: FEE = \$35

EXECUTIVE KIT = \$1000

RETAILER KIT = \$250
(Plus Tax)

ACTIVATION: VISA MC AE

CREDIT CARD #:

EXP DATE:

CID(SECURITY CODE)

SPONSOR (PERSON WHO INVITED):

SIGNATURE:

ACTIVATION: AUTOSHIP:

EXO _____

MIN _____

FIT _____

OHM _____

UMI _____

AUTOSHIP (IF DIFFERENT FROM ABOVE):

VISA MC AE

CREDIT CARD #:

EXP DATE:

CID(SECURITY CODE)

MONTHLY AUTOSHIP DATE:

1st 5th 10th